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| APPLICATION NUMBER | FILING OR 371 (c) DATE | FIRST NAMED APPLICANT | ATTORNEY DOCKET NUMBER |
|--------------------|------------------------|-----------------------|------------------------|
| 10/711,912         | 10/12/2004             | Mark VIKLUND          | 7298.098.NPUS02        |

28694  
 TRACY W. DRUCE, ESQ.  
 1496 EVANS FARM DR  
 MCLEAN, VA 22101



CONFIRMATION NO. 5911

FORMALITIES LETTER



\*OC00000014316338\*

Date Mailed: 11/08/2004

## NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

**FILED UNDER 37 CFR 1.53(b)**

*Filing Date Granted*

### **Items Required To Avoid Abandonment:**

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The statutory basic filing fee is missing.  
*Applicant must submit \$ 790 to complete the basic filing fee for a non-small entity. If appropriate, applicant may make a written assertion of entitlement to small entity status and pay the small entity filing fee (37 CFR 1.27).*
- The oath or declaration is missing.  
*A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.*
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$130 for a non-small entity, must be submitted with the missing items identified in this letter.

The applicant needs to satisfy supplemental fees problems indicated below.

The required item(s) identified below must be timely submitted to avoid abandonment:

- Additional claim fees of **\$162** as a non-small entity, including any required multiple dependent claim fee, are required. Applicant must submit the additional claim fees or cancel the additional claims for which fees are due.

### **SUMMARY OF FEES DUE:**

Total additional fee(s) required for this application is **\$1082** for a Large Entity

- **\$790** Statutory basic filing fee.
- **\$130** Late oath or declaration Surcharge.

03/15/2005 MBERHE 00000052 10711912

|            |           |
|------------|-----------|
| 01 FC:1001 | 790.00 0P |
| 02 FC:1051 | 130.00 0P |
| 03 FC:1202 | 450.00 0P |

- Total additional claim fee(s) for this application is **\$162**
  - **\$162** for **9** total claims over 20.

Replies should be mailed to: Mail Stop Missing Parts  
Commissioner for Patents  
P.O. Box 1450  
Alexandria VA 22313-1450

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*A copy of this notice **MUST** be returned with the reply.*

Meazo, W  
Customer Service Center  
Initial Patent Examination Division (703) 308-1202  
PART 2 - COPY TO BE RETURNED WITH RESPONSE

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PATENT & TRADEMARK OFFICEPlease type a plus sign (+) inside this box → 

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# TRANSMITTAL FORM

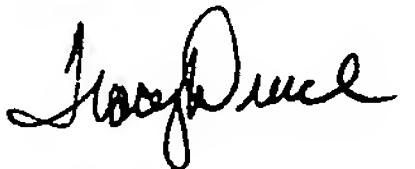
(to be used for all correspondence after initial filing)

|  |  |                        |                 |
|--|--|------------------------|-----------------|
|  |  | Application Number     | 10/711,912      |
|  |  | Filing Date            | 10/12/2004      |
|  |  | First Named Inventor   | VIKLUND         |
|  |  | Group Art Unit         | 3612            |
|  |  | Examiner Name          | Not Assigned    |
| Total Number of Pages in This Submission |  | Attorney Docket Number | 7298.098.NPUS02 |

## ENCLOSURES (check all that apply)

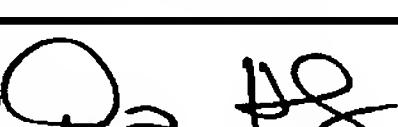
|  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment / Response<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/ Incomplete Application<br><input checked="" type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers<br><i>(for an Application)</i><br><input type="checkbox"/> Proposed Amended Drawings<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input checked="" type="checkbox"/> Declaration/Power of Attorney - Revocation of Prior Powers<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group<br><i>(Appeal Notice, Brief, Reply Brief)</i><br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s)<br><i>(please identify below)</i><br><b>Postcard.</b> |
| Remarks  |   |  |

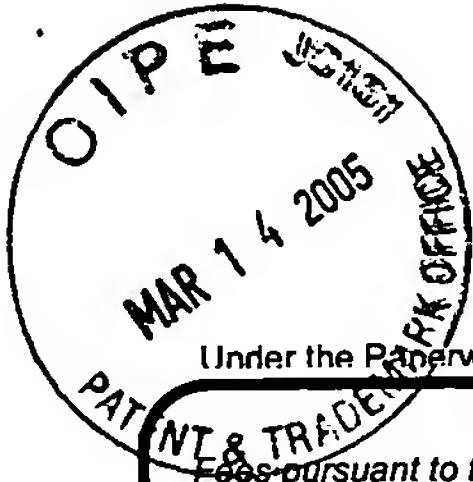
## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|                               |  |
|-------------------------------|--|
| Firm<br>or<br>Individual name | NOVAK DRUCE & QUIGG, LLP<br>Tracy W. Druce   |
|                               |  |
| Date                          | 03/08/2005   |

## CERTIFICATE OF MAILING

I hereby certify that this correspondence and any attachments referred to herein are being deposited with the United States Postal Service with sufficient postage as first class mail in and envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: 03/08/2005.

|                       |  |      |            |
|-----------------------|--|------|------------|
| Typed or printed name | Daniel Hernandez   |      |            |
| Signature             |  | Date | 03/08/2005 |



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Effective on 12/08/2004.  
Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$)  
2030

**Complete if Known**

|                      |                 |
|----------------------|-----------------|
| Application Number   | 10/711,912      |
| Filing Date          | 10/12/2004      |
| First Named Inventor | VIKLUND         |
| Examiner Name        | Not Assigned    |
| Art Unit             | 3612            |
| Attorney Docket No.  | 7298.098.NPUS02 |

**METHOD OF PAYMENT** (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: 141437 Deposit Account Name: NOVAK DRUCE LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| <u>Application Type</u> | <u>FILING FEES</u>  |                 | <u>SEARCH FEES</u>  |                 | <u>EXAMINATION FEES</u> |                 |                       |
|-------------------------|---------------------|-----------------|---------------------|-----------------|-------------------------|-----------------|-----------------------|
|                         | <u>Small Entity</u> | <u>Fee (\$)</u> | <u>Small Entity</u> | <u>Fee (\$)</u> | <u>Small Entity</u>     | <u>Fee (\$)</u> | <u>Fees Paid (\$)</u> |
| Utility                 | 300                 | 150             | 500                 | 250             | 200                     | 100             | 1000                  |
| Design                  | 200                 | 100             | 100                 | 50              | 130                     | 65              |                       |
| Plant                   | 200                 | 100             | 300                 | 150             | 160                     | 80              |                       |
| Reissue                 | 300                 | 150             | 500                 | 250             | 600                     | 300             |                       |
| Provisional             | 200                 | 100             | 0                   | 0               | 0                       | 0               |                       |

**2. EXCESS CLAIM FEES**

Fee Description

Each claim over 20 (including Reissues) Small Entity Fee (\$) Fee (\$)

Each independent claim over 3 (including Reissues) Small Entity Fee (\$) Fee (\$)

Multiple dependent claims Small Entity Fee (\$) Fee (\$)

| <u>Total Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|---------------------|---------------------|-----------------|----------------------|
| 29                  | - 20 or HP = 9      | x 50            | = 450                |

HP = highest number of total claims paid for, if greater than 20.

| <u>Indep. Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|----------------------|---------------------|-----------------|----------------------|
| - 3 or HP =          |                     | x               | =                    |

HP = highest number of independent claims paid for, if greater than 3.

| <u>Small Entity</u> | <u>Fee (\$)</u> | <u>Fee (\$)</u> |
|---------------------|-----------------|-----------------|
| 50                  | 25              |                 |
| 200                 | 100             |                 |
| 360                 | 180             |                 |

| <u>Multiple Dependent Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|----------------------------------|-----------------|----------------------|
|                                  |                 |                      |

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|---------------------|---------------------|---|-----------------|----------------------|
| - 100 =             |                     | / 50 = (round up to a whole number) x                   |                 | = 0                  |

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Surcharge (\$130); and 2 Month Ext. Fee (\$450). 580

**SUBMITTED BY**

|                   |                       |   |                        |
|-------------------|-----------------------|---|------------------------|
| Signature         | <u>Tracy W. Druce</u> | Registration No.<br>(Attorney/Agent) 35,493 | Telephone 202.659.0100 |
| Name (Print/Type) | Tracy W. Druce        | Date 03/08/2005                             |                        |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.